## **SUMMARY OF PERFORMANCE**

Part 1: Student Information: Complete and up-to-date information is crucial

Student Name:		D	OB:	Exit Date:	Date form Completed:		
Primary disability:			Seconda	ry disability:			
Address: Street	Town/City Zip Code				Zip Code		
Phone:	Cell	#:		Email:_			
Name person completing th	nis form:				Phone		
To obtain a copy of transcri	ipts, contact	t the school g	juidance office	at:			
To obtain copies of Special Education documentation, contact the Office of Special Education at:							
Part 2: Summary of Performance: Based on age-appropriate abilities, assessment and tied to the student's post high school goals.							
Academic Achievement & Cognitive Performance	Strength	Limitation	For each applicable content area, include a brief description of the Current Level of Performance (strengths, needs, grade level, assessment summary)				
Reading (Basic reading/decoding, reading comprehension, reading speed)							
<b>Math</b> (Calculation skills, math problem solving)							
Written Language (Written composition, written expression, spelling)							
Learning styles & needs (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)							
General Ability and Problem Solving (reasoning/processing)							
Attention and Executive Functioning (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)							
Currently Utilized and	Currently Utilized and Anticipated Effective Accommodations, modifications, Assistive Technology and Supports						

## Part 2: Summary of Performance: Based on age appropriate abilities, assessment, and the student's post high school goals.

Functional Performance	Strength	Limitation	If marked strength or limitation, describe functional capacities and how they may relate to post high school performance in work, community, or educational settings.
Social, Interpersonal, Behavior Skills (Interactions with others, emotional or behavioral issues related to learning and/or attention)			
Independent Living Skills (Self-care, leisure skills, personal safety, Personal Hygiene, transportation, banking, budgeting)			
Environmental Access/ Motor & Mobility Skills (assistive technology or other special accommodations)			
Self Determination & Advocacy (ability to identify and articulate learning strengths and needs, ability to ask for assistance with learning and independence)			
Self Direction (Ability to: follow & understand directions (written or verbal), complete tasks, work independently, ask for assistance when necessary, use feedback to improve or correct work performance, initiate work activity)			
Communication (speech/language, augmentative communication)			
Career & Vocational (Career interests, career exploration opportunities, job-training opportunities)			
Work Tolerance & Work Skills (The capacity to meet the physical and psychological demands of work and to learn and perform job tasks)			
			ons that can assist in making decisions about disability determination and amily concerns, sleep disturbance)

## Part 3: Recommendations to Assist the Student in Achieving Measurable Post High School Goals:

This section presents recommendations to the student, family and others utilizing this form for accommodations, adaptive devices, assistive services, compensatory strategies, and/or support services, to enhance access and participation in post high school goals. (These recommendations in no way obligate any post high school agency to such recommendations.)

Recommendations to Assist the Student in Achieving Measurable Post high school Goals							
Post High School Area	Recommendations to Assis Post High Sc		Agency(s) Contact Information : name Title, Phone Number, Address, or E (include both agencies currently contacted and those that contacted)	mail			
Employment							
Education							
Training							
Independent Living (where appropriate):							
Part 4: Associated Relevant Documentation Summary: List student documentation attached to and provided with this summary (important documentation might include: most recent <u>Triennial IEP</u> , <u>Assessment documentation</u> , <u>psychological reports</u> , <u>aptitude results</u> , <u>interest inventories</u> any documentation related to eligibility or associated with attainment of post high school goals).							
I have received a copy of the Summary of Performance and have reviewed its contents with the primary Special Education Provider.							
Student Signature		Date Paren	t Signature	Date			

Part 5: Student Input (Recommended/Supplemental Information): Review these questions with the student prior to completion of the Summary of Performance. (Questions may be read to the student and written by teacher as accommodation if necessary.

Α.	How or in which area(s) does your disability affect your schoolwork and school activities such as: (check all that apply)									
		elationships	assignment	projects	communication	time on tests	mobility	extra-curricular activities		
	Please describe how:									
	Other (please	e describe):								
B.	3. What supports or accommodations have helped you to succeed in school? (check all that apply)									
(	adaptive equipment	extra tim tests/assignr	-	audio pooks	teacher notes	alternative assignments		study hall		
	Other (please describe):									
C.	What supports or accommodations do you feel you will need to achieve your goals after high school?									
D.	If you believe that you will need services, supports, programs, or accommodations:  Have you and your family made a connection with the agencies (other than your current school) that can help you with these needs?									
	Will you need help to obtain any needed services, supports, programs, or accommodations after you leave high school?									
E.	What strengths and needs should future employers or teachers know about you as you enter the college or work environment?									
Stude	Student Signature: Date:									